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THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL

ISSUED MONTHLY

APRIL, 1919

O. C. WELBOURN, A. M., M. D., Editor
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applied warm and thick over the entire thoracic wall, relieves the congestion by increasing the superficial circulation. The cutaneous reflexes are stimulated, causing contraction of the deep-seated blood vessels. The over-worked heart is relieved from an excessive blood pressure; pain and dyspnea are lessened, the elimination of toxins is hastened and the temperature declines. The patient is soon in a restful, natural sleep which often marks the beginning of convalescence.

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The California Eclectic Medical Journal

Vol. ~~XL~~ ~~XI~~ ||

APRIL, 1919

No. 4

☛ Original Contributions ☛

WHY THE FLU?

J. A. Munk, M. D., Los Angeles, California

(Read before the Los Angeles Eclectic Medical Society)

Now that the flu epidemic has subsided, we can look back and smile at the many foolish things that were said and done concerning it.

The Spanish influenza has been the worst epidemic in many years. It reminds us somewhat of the epizootic, which prevailed nearly fifty years ago, and of la grippe, in more recent years. The disease was more cosmic than local in its effects, and nothing has yet been discovered to control it.

The flu had its tides of ebb and flow, its waves advancing and receding at irregular intervals for reasons unknown. It was something altogether mysterious and nobody seems to know much about it, or how to cure it.

It was evidently caused by some poison floating in the air that traveled with the wind. It went everywhere and spread to every land under the sun. It was no respecter of persons, conditions or distance and did just about as it pleased. It was as apt to attack the lone rancher on the desert one hundred miles from civilization as any one in a crowd on a city street. It did not stop for closed doors, gauze masks, quarantine or any other imaginary preventive device and went about its destructive work according to its own sweet will and pleasure. It had a peculiarity of attacking most frequently and fatally, healthy adults of both sexes and invariably skipped invalids and the very young or very old.

Owing to the disturbed state of society through the earth, some one reported that the world was going crazy. If that be true, it would seem as if the doctors were in the van guard

of the insane squad from their habit of saying and doing ridiculous and preposterous things; and especially by what they did in the late campaign for stamping out the flu.

Health officers might be useful members of society if they went about their work in a sane and business-like manner, instead of lording it over everybody just as soon as they chance to acquire a little authority, as if they were the autocratic dictators of the universe.

The average citizen is usually patient and docile, often too much so for the good of the oppressed—and is glad to do anything in reason that he is asked to do which will benefit the community; but he naturally resents arbitrary regulations, which on their face are absurd, oppressive or unnecessary.

Human nature is very gullible and easily humbugged by what it hears. The majority of people are good folks, but their unsuspecting simplicity puts them into the sucker class, as they are always ready to bite at any bait that is offered and swallow it quickly. In like manner they believe all scare propaganda which the health office issues, without stopping to examine its merits and are thus easily led astray.

The health office never seems to be quite so happy as when it is stirring up trouble for the people and busy issuing and enforcing senseless and useless regulations for others to obey. It pretends to know everything and tries to impress the public with its superior wisdom and importance, but there are a lot of things that it does not know nor ever will know. It claims credit for everything good that comes along, and is just as ready with an excuse for any wrong done, or mistake made. It acts on the assumption that it can do no wrong, nor make any mistake. It respects no personal nor home privacy, but just goes ahead and does as it pleases without asking permission of anybody. Such a performance might seem funny if it were not so tragic. It arrests and imposes fines for trivial and inoffensive acts and if it says that you must go to jail, to jail you go! If there is any public office that needs reforming it certainly is the health office; but that will not be done until the people are fully informed of its misdeeds and are united to resist its oppressive rule.

Its first order in the recent flu campaign was to issue a warning against yawning, sneezing, spitting and coughing on the street or in a public place, lest it infect some innocent passerby; accompanied by the usual dire threat of what would happen in case of disobedience and discovery. These acts of every day life are only natural physiological functions that

are necessary to the physical well being, and harmless, as everybody knows.

Closely following this order came the closing ordinance that shut all the churches, schools, theatres and other public meeting places, which interference was both discriminatory and useless as it did not include the big unrestrained crowds which met daily on the down town streets. As was to be expected, this order was doomed from the start to be a complete failure.

Another very foolish thing was ordering the wearing of the gauzmask. Years ago when it was the fashion for women to wear heavy veils, the doctors objected to the practice on the ground that veils caught dust and germs off the street, which was both unsanitary and unhealthy and, also, a means of spreading contagion. Under the new order of things this practice was restored and made compulsory, and many had to wear the new style of veil in the form of a gauze mask. Time also proved that this annoying and ridiculous face appendage of nose bag and mouth muzzle was equally futile to stay the progress of the disease, just as all of the other means that were previously tried had failed.

The doctors have adopted the theory that every disease is caused by some germ and, per contra, that the disease must be cured by using some other germ in the shape of a virus or serum injected into the body. Doctors promulgate a lot of silly nonsense that they want the people to believe, which is as unreliable and unscientific as the doubtful beliefs of witchcraft, voodooism, or of any other foolish cult. They are strong on theory, but mostly lack the proof, as in the case of the flu germ. Their evidence is much like that of Uncle Remus in describing the Doodang, when he says: "I ain't never see 'im myse'f but I dun seed dem what say dey hear tell er dem what is see 'im." This reasoning is about as clear and convincing as that used for the germ theory.

After finding that all the various means tried for stamping out the flu were failures, the health office fell back on the old moth-eaten, but available quarantine, as a last hope. Just as soon as it had been fairly established and was in good working order, the death rate suddenly jumped in one day to four times the normal number of deaths; but as there was now nothing else to do, the tagging of houses was continued. No instance of failure was posted or mentioned by the health office, but the fact of failure was self evident and everybody knew it. From this time on the flu was marked by diminish-

ing waves, until it finally disappeared of its own accord, having exhausted itself.

If reports are true, recent experiments have proved conclusively that the flu was not a germ disease, neither was it contagious. The most thorough investigation failed to find any germ or successful method of propagation; and the people suffered all their punishment for nothing.

During the month of January, 1919, the public health service started an investigation to find out what it could about this new and strange disease. One hundred healthy young men volunteered for the experiment and everything was done which could be thought of that would make the test a success. Fresh flu virus was taken from typical cases in a hospital for inoculation and was smeared into the eyes and nose of each volunteer. At the same time their throats were swabbed and sprayed separately with a solution of the secretion, trying in every possible manner to make it stick, but without success. The experiment was then made to communicate the disease automatically in the natural way, by conversing with the patients and by their breathing and coughing into the faces of these persons, as they leaned over the beds. It was reported that not one out of the one hundred volunteers engaged in the experiment caught the disease; which shows, again, how perfectly foolish were the frantic efforts of the health office to do something that it did not understand; and the public, as usual, had to pay the bill in dollars, inconvenience and suffering. The following from the Los Angeles Times, dated January 29, 1919, is of interest in this connection.

A Comedy of Errors

"When the humorists of Pasadena began to wear meal sacks over their shapely heads and little Fido was given a nose bag when taken out for an airing it was realized that the day of the flu mask was near an end. Even a medical theory will not long survive ridicule and masking was only a dinky little narrow theory at best. Here would be a couple of otherwise brainy docs arguing themselves purple in the effort to convince the world that the only way to keep the influenza bug out of the human frame was to strain it through a muzzle. Then along would come a whole school of bespectacled physicians and declare that the influenza germ was so small that twenty billions of them could do the highland fling on the point of a pin and they would pass through the finest meshed gauze as easily as one would sift eggnogg through a mustache. They declared that masks were merely germ traps

where microbes and other wild beasts were gathered in large numbers and then encouraged to trickle or ooze their way all through the human frame. Always masks were unsanitary and if a person had a eenty nip of the flu, or was susceptible, the breathing through gauze would centralize the germs right at the danger zone.

"So the doctors had it back and forth, much to the mixed amusement and consternation of the laymen. While the medicos scrapped the undertakers kept on burying their dead and the careless survivors continued to marry and give in marriage, just as they had done for centuries before. Sometimes a doctor who hung out strong for the nose bags would be the king pin of some municipal board of health and then that town would find itself condemned to wear masks. Travelers would alight from the trains, take one squint at the populace, give a yelp of hilarity and then climb back on the cars. Then some day the citizens would declare that all this was red-handed foolishness and would force a repeal of the masking order. At some of the army camps masks were required and at some they were not. When a massive, bronzed soldier came to town with a dinky square of cotton gauze over his beak people were inclined to sympathize with him as a poor nut who couldn't help himself. When the visitors began to cut buttonholes in their mush-guards so that they could smoke cigarettes through them everybody laughed and again the mask craze would wane. Some communities wore masks and some didn't. The germ went merrily on. He didn't seem to care a single hoot whether he was strained through a skimmer or not. If a girl tried to bar him out by wearing a harem veil he would nail her just for lute. Neither doctors nor muzzles bothered him one bit. The doctors admitted that they didn't really know much of anything about influenza, but they kept on theorizing—and counting their money. If a patient was rich enough to have four or five high-priced physicians he didn't stand much of a chance. While the doctors were arguing whether he ought to have his germs sifted or strained the undertaker would drop in and finish the job. The only show the patient had was to hide out in the brush and take his air the way the good Lord delivered it."

CAESAREAN SECTION

Clinton Roath, M. D., Los Angeles

(Read before the Los Angeles Eclectic Medical Society)

The object of this paper is not to stimulate a stampede in the direction of Caesarean Section, neither is it to create a fear of this operation, but it is to draw the attention of the man in general practice to its importance, safety and indications.

There is no other place in human ills where an acute call for immediate surgical attention is so frequently neglected. Hundreds of women and children lose their lives each year; and, again, in the more favorable cases the health and offspring of many other mothers are credited to the neglect of surgery in obstetrics, for this is a safe and sure avenue of relief. Even though it is possible to drag the child through the birth canal, it is often quicker and safer for both mother and child to do the Caesarean operation, as it often saves irreparable injury to mother and injuries or even the life of the child.

Indications for operation are of two classes:

First: Those due to foetus, such giant growths, deformities as hydrocephalus or other deformities causing abnormal size, abnormal presentation where delivery is impossible and in which version cannot be performed, some cases of dead foetus, where expulsion or safe removal cannot be brought about by the vaginal route.

Second: Those of the mother, viz.: Deformity of the pelvis, tumors of the uterus interfering with uterine contraction or narrowing pelvic outlet, rupture of uterus, some cases of placenta praevia, some cases of inertia, some cases of uremia or toxemia, some forms of insanity, sudden death of mother due to any cause after child is viable if immediate action is possible, or any other cause demanding immediate delivery.

Pelvimetering or measurements of pelvis will give the doctor an idea of the size of the pelvis and apprehend distocia if of maternal origin. There are two varieties of pelvimetering: The internal can only be performed by one well experienced in the use of the instruments, and very accurate and valuable; the external variety will always suffice and is much more conveniently made and but little practice is required.

The following six measurements are all necessary and describe the average normal pelvis:

Intercristal (between the iliac crests).....27 to 29 cm.

Interspinous (between anterosuperior spines).....	24 to 27 cm.
Inter trochanteric (between trochanters).....	29 to 31 cm.
Ext. conjugate (from depression below 5th lumbar spine to sup. border of pubes).....	20.3 cm.
Inf. straight (tip of sacrum to lower inner border or bottom of synthesis pubes).....	12.5 cm.
Tv. of outlet (between tuberosity of ischium internal border)	11 cm.

If the pelvis measures less than the foregoing figures in two or more diameters, it is almost impossible for a child of normal size to be born alive; however, elastic articulations sometimes make it possible, especially if the mother is young.

The Operation. Care must be taken to have the necessary instruments and good assistance in readiness and the field of operation properly prepared. The incision is then made; beginning at a point usually about 3 or 3½ inches above the umbilicus extending downward around and about the same distance below it, will usually give ample room. Care must be taken to avoid the bladder, which will be found to be carried up out of the pelvis late in pregnancy. The next step is the uterus, which may or may not be removed from the abdomen before the incision is made; at any rate, a rubber tourniquet should be in readiness to control the hemorrhage, and just previous to the incision a hypodermic of ergot ZSS should be given to induce uterine contraction. The incision is now made through the uterine wall; it should extend over the anterior part of the fundus and be large enough only to permit of delivery of the baby. Care must be taken not to injure the baby. Scissors are usually preferable to the knife after the wall has been cut through.

The baby is then delivered and handed to an assistant for resuscitation, which may be somewhat difficult, but will seldom be found to fail if the proper methods are carefully followed out.

The baby being delivered, the tourniquet can be drawn about the cervix, the placenta carefully removed and closure begun.

This, in my experience, has been most satisfactorily accomplished by a continuous plain catgut suture No. 2 for the purpose of coating inner wall of uterus, then an over and over continuous of chromic No. 2 to complete closure of the incision. These stitches should be taken deep and drawn quite snug to prevent separation of uterine wall when the uterus relaxes.

The muscles and skin are closed in the usual manner and a drain placed.

The uterus should be kept contracted by the use of ergot by hypodermic or per mouth and the patient kept rather quiet for the first three days.

Following the method described, the patient will make as quick and satisfactory a recovery as from any ordinary abdominal operation and can usually leave the hospital at the end of two weeks.

CERVICAL ADENITIS; ESPECIALLY IN CHILDREN

Herbert T. Cox, M. D., Los Angeles, Cal.

(Read before the California Eclectic Medical Society)

ETIOLOGY—The source of infection will probably be some inflammatory, ulcerative or malignant focus in connection with the shoulders, neck, head, face, lips, cheeks, gums, teeth, tongue, fauces, uvula, palate, tonsils, pharynx or nares. Epidemic cervical adenitis or Kirkland's disease is one of the newer diseases described, which causes enlargement of these glands. Infectious diseases, diphtheria, scarlet fever, German measles, tuberculosis may be the cause; or a rheumatic condition of the system or toxins in the lymph system.

Pediculosis capitis with sores is said to be a common cause of enlarged cervical glands in children of the poorer classes. Lymphadenoma, Lymphosarcoma, Hodgkins' diseases, Syphilis, Plague and Tuberculosis may be the cause in adults but other symptoms of the respective diseases will generally be plainly seen.

PATHOLOGY—Cervical Adenitis is generally of lymphogeric origin. Unilateral or bi-lateral. Either the superficial or deep lymph nodes may be affected. There is usually an inflammatory hyperemia and edema, the lymph spaces becoming blocked by the inflammatory exudate, in varying degrees according to the inflammatory reaction. In cases of pyogenic infection from neighboring structures there is a great accumulation of polynuclear leucocytes in addition and tendency to subsequent abscess formation. The inflamed nodes are always swollen and of a grayish red to dark red color. The recovery of the inflammation is usually simple absorption of the exudate, the leucocytes returning to the circulation or being caught in the fibrin network, soften and become absorbed. If infection is too extensive, necrosis of tissue and breaking down follows resulting in an abscess pocket.

DIAGNOSIS—The diagnosis of swollen glands will generally have been made by the parents, or if it has not, it is easy for the physician to detect; but the cause or differential diagnosis may be difficult in some cases. It is often difficult to decide whether the enlargement is merely inflammatory or due to some more serious lesion as tuberculosis lympho-adenoma or syphilis, etc. The longer the swellings persist, the less likely they are to be purely inflammatory. If they are present on both sides of the neck; if they show a tendency to adhere to each other and to the skin; if they are tender notwithstanding their having been present a long time; they are probably tuberculous. The absence of lung signs is no indication that they are not tuberculous. The diagnosis will be settled by the removal of the glands and microscopic examination.

Acute cervical adenitis with sore throat is one of the chief features of a new epidemic malady, described by Kirkland. The fever rises to 102°F or higher and may persist from a few days to two weeks. In obscure cases a rheumatic condition should be searched for, as that disease in young children is not marked by the characteristic symptoms. An analysis of the urine in these cases will reveal high acidity, low urea and presence of indican. Often a history of having a starchy diet, much acid fruit or eggs, etc., or exposure to dampness with too little clothing. In adenitis accompanying infectious diseases the cause will be well known. It is to be remembered that occasionally cervical adenitis might be the clue to an overlooked case of scarlet fever with very little or no rash.

TREATMENT—Put the child to bed, reduce the diet to liquid. Give an initial clean out; my favorite is Tablet of Calomel gr. 1/10 with phenopthalien gr. 1/10, one every half hour until 4 to 6 have been taken followed by castor oil or salines according to indications in the case. The tablet may be repeated night and morning for a few days or a saline each morning. Specific Aconite or Gelsemium for the fever and congestion as indicated, combined with Specific Phytolacca which is always indicated. And if the stomach will tolerate it always include ecafolta if there is evidence the adenitis is due to an infection.

If danger of suppuration, and the fever is running high, give calcium sulphid gr. 1/6 to gr. 1/2 every hour or two to saturation for a few days. If the tonsils are swollen badly or show evidence of sepsis, take a curved aluminum applicator with a nice fluffy swab around and behind the ton-

sils and into the posterior nasal space with iodine and glycerine, equal parts or the following specific medicine: Aconite or Veratrum zj-ij. Specific medicine Belladonna zss; ecafolta q. s., oz 1, and repeat at each visit if temperature does not drop. Have rubbed well into the swelling every 2 hours during the day Petrogen Iodine 5% to 10% or Iodine ointment of which Iodex is a good one. Sometimes I have used Phytolacca cerate with good result. If the swelling has arisen suddenly or seems oedematous, have a large application of antiphlogistine applied at night and left until morning. Hot packs during the day sometimes aid. If suppuration threatens, have an ice bag applied continually and push Calcium Sulphid and ecafolta.

If high acidity of urine and Indican have been found suggesting a rheumatic tendency, cut out acid fruits, meats and eggs. Put patient on milk or malted milk diet during the acute stage. Every 3 hours give powders of Sodium Salicylate gr. 1 to 3, Sodium Bicarbonate gr. 2 to 5; combined with powdered lactated pepsin or milk sugar. Dosage varying with the age. Keep these powders and eliminative treatment up until acute stage has passed, temperature normal and glands have been reduced or until urine is normal; and then continue three times a day for a week or two to clinch the result. If much bowel fermentation or absorption, Salol or the Sulphocarbolates may be combined with the above powders, being careful not to give them too near the nourishment.

In all cases where marked results do not occur in 24 or 48 hours, Syr. Ferrous Iodid given in good sized doses combined with phytolacca and perhaps ecafolta in Simple Eyrup, should be given three or four times daily. It is a specific for the glandular inflammation, is an intestinal antiseptic and stimulant to the blood making organs as well. If the case becomes subacute or chronic it makes a good tonic to continue for weeks alternating probably with Calcidin. In the Chronic cases or recurrent cases, one should look well to the cause and remove it, and improve the hygienic surroundings of the patient. If a rheumatic tendency, enlarged tonsils and adenoids be present they should be removed.

If the constitutional signs of sepsis appear persistent, the swelling increases or remains stationary and every indication points to probable abscess formation it is best to immediately open up the pocket and drain it and not to procrastinate too long until the toxins have penetrated the child's blood, or pus has burrowed along the cervical fascia. Many of these abscesses are deep in the neck beneath the muscles and deep

fascia, often giving rise to internal bulging as much as external, and consequent danger of pressure symptoms or internal rupture with strangulation while the child is asleep. The task of opening a deep abscess of the neck is not always an easy one. By bi-digital examination with one finger in the mouth and one externally, the most prominent portion of the mass may be ascertained and the question of whether an internal or an external incision is the nearest, best and safest route must be decided. The parents will object to the external at once because of fear of scar, but it is not necessary to make an extensive slash in the skin, as a very small opening if made in the proper way and kept open will drain the abscess. Unless the abscess gives very definite fluctuation near the mucous surface in a safe place, it is much safer to open from the external surface. The abscess formed by a cervical adenitis will be lateral and most of them will present the prominence either (1) anterior to the sternomastoid near the angle of the jaw, (2) beneath that muscle, or (3) bulge just posterior to it.

Have a good anæsthetist give the child a general anæsthetic. Pick out the most likely center of the abscess for the incision or as near it as you can (if you have to shift on account of important structures in the neck); also a point which you judge will be near the inferior portion of the abscess when the patient is in the upright position. Make a skin incision not over one inch long down to the aponeurosis. Rupture the aponeurosis with a director and work it gradually down to the pus, and enlarge the opening by pushing in forceps and withdrawing them dilated. Do not be surprised if you find no pus beneath the skin and have to go very deep to find it. Pack the cavity loosely with strip gauze, iodoform preferably, and pull out and cut off a very little each day. You will have good results and practically no scar.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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CAN MUTILATIONS BE INHERITED?

Upon the return of our soldier boys from active service the people will be asking this question of their medical advisers. As compared to other countries which have been engaged in the great war the percentage of our wounded as compared to the total population must be quite small; still there will be a sufficient number to make a noticeable impression upon our public life. The most of these men will marry and in due time beget children. Will these children inherit the mutilations of their respective fathers? Among the people there is a belief, or at least a fear, that such conditions may be produced in the offspring. It is difficult to see just why this idea should be so prevalent, when all reliable data proves conclusively that mutilations of the parent are not produced in the offspring. During the gestation period the fears of the mother overbalance her reasoning faculties, and, in a measure, her state of mind is conveyed to those with whom she is associated. This makes it a family affair, and it is necessary for the doctor to reassure all of them; using such means as seem appropriate to the particular case. Frequently this state of apprehension will

be found in families whose members are quite intelligent—too intelligent to express it to the doctor. However, a doctor who is in thorough sympathy with his people will comprehend their state of mind without being told in words and adopt the necessary course of procedure.

PYELITIS

Leon Louria, M. D., Brooklyn, N. Y.

This inflammatory process affecting the kidneys at times involves only the pelvis of the kidney, the so-called outlet of the kidney, and we have to deal with the inflammation which at times is a continuation of the inflammatory process which started below in the urinary organs, a continuation of urethritis or cystitis, cases to which we give the name of ascending pyelitis.

Other cases are of a hematogenous origin from the blood, where the inflammation is caused by microbes, the so-called infectious pyelitis. In these cases pyelitis is one of the symptoms of a general infection of pyemia. In other cases the cause is purely mechanical. The formation of stone or gravel in the pelvis of the kidney or pressure of the tumor around the root of the kidney may produce a secondary pyelitis. In acute cases we have fever, chills, lumbar pains, frequency of urination. The urine is milky in appearance, due to the presence of pus and excessive mucus, acid or neutral in reaction, and on standing leaves a very copious sediment, whitish or yellowish white in color, consisting of almost pure pus. When the pyelitis is due to stone, the urine contains blood, at times in large quantities, almost a hemorrhage from the kidneys, due to the mechanical irritations caused by the stone and erosions produced by same.

In calculus pyelitis, the pain is more severe than in cases of catarrhal or pussy pyelitis. The pain has a paroxysmal character, occurring in the form of attacks due to the migration and passage of the stone through the small lumen of the ureter or to the obstruction of the kidney end of the ureter and followed by retention of urine and distention of the pelvis of the kidney. The general symptoms accompanying the course of a pyelitis are at times severe, due to the absorption of toxins, resembling the clinical picture of general pyemia. When the inflammation pressure extends beyond the membrane of the pelvis it involves the surrounding tissues, resulting in formation of an abscess around the kidney, so-called peri-nephritis. A simple catarrhal pyelitis where the inflammation is mild sub-

sides in a week or so. In cases where there is an obstruction to the flow of pus the prognosis is grave.

Treatment

The treatment for acute cases consists in placing the patient in bed, on a strict milk diet, forcing large quantities of water with a view of increasing the flow of urine and dilute same, applying here the surgical principle of washing and cleansing a wound.

As to drugs, we prescribe what we call urinary antiseptics—drugs which are excreted by the kidneys and have a local action on the inflamed membrane. To this group belong urotropin, benzoic acid and its compounds. Ethereal oils, like oleum santolis, oleum copaiba, oleum eucalypti, are frequently prescribed; they have not only a soothing effect on the inflamed membrane, but also act somewhat antiseptically.

Of course, calculi causing the pyelitis must be removed by surgical means. We have no drugs to dissolve them and they can pass the ureter only when they are quite small, being carried away with the increased flow of urine. Surgery is called upon when there is an obstruction of the ureter with the following hydro- or pyo-nephritis, and also in cases of an abscess around the kidney.

(Medical Brief)

FUNCTIONAL TESTS OF THE KIDNEYS

William H. Deaderick, M. D., Hot Springs, Ark.

As long ago as 1857 Todd, and in 1865 Roberts, discussed the delayed elimination of certain drugs, and in 1873 Bouchard experimented with fuchsin for this purpose.

Most of the work done along this line has consisted of experiments upon the elimination of various chemical substances.

It is scarcely within the range of reasonable expectation that any single test for kidney function will entirely supplant clinical observations as a basis for diagnosis and prognosis, but results of these tests must be correlated with clinical findings.

The polyuria test was introduced by Albarran in 1904. Its value consists in demonstrating the reserve force of the kidneys, a diseased kidney not being proportionately able to respond to the increased stimulus, and for comparative tests of each kidney of an individual. After giving the patient half a litre of water the urine is collected during half-hourly intervals for three hours. During the second half hour the urine

is normally increased, attains the maximum during the third half hour, then decreases rapidly.

The objections to the test are the long time required, the fact that it is not always possible to produce a polyuria even in a healthy kidney, and that a polyuria may have pre-existed from a diseased kidney.

Total Solids

The determination of the total solids excreted by the kidneys is readily determined and with sufficient accuracy for practical purposes, according to the method of Haeser and Haines, if the amount of urine in twenty-four hours and the specific gravity are known. The number of ounces is multiplied by the last two figures of the specific gravity and ten per cent. of the product added, the result being the number of grains excreted in twenty-four hours.

The amount of solids excreted is not a very accurate index to renal efficiency, notwithstanding urea is the solid which most influences the specific gravity.

Kidney Permeability

Methylene blue was first used in 1897 to test the kidney permeability. It is not supposed to indicate the degree of secretory activity. Fifteen minims of a five per cent. solution are injected hypodermically. The normal time of appearance in the urine is from fifteen to thirty minutes, the maximum excretion is during the third or fourth hour, and elimination is completed in from thirty-six to forty-eight hours. The test is not accurate and has not been generally adopted.

Defective Tests

Phloridzin was introduced for this purpose by Klemper, in 1896. One cubic centimeter of a 1 to 200 solution is injected hypodermically. Glycosuria appears in half an hour and disappears in three or four hours. A wide variation of results has thrown this test into discredit.

Indigo-carmin, first used by Voelcker and Joseph, has not received favor, as only 25 per cent. is excreted by the kidneys. It is supposed to be excreted by the cells of the convoluted tubules. From five to ten cc. of a 0.3 per cent. solution are injected intravenously. The beginning of elimination is noted from two to six minutes, and after fifteen or twenty minutes the color of the drug has almost disappeared.

Rosaniline was first used by Lepine in 1898. Between 60 and 65 per cent. is excreted by the kidneys. After hypodermic injections it first appears in the urine within thirty minutes; elimination is at the maximum during the third and fourth

hours and is completed in about twenty-four hours. Owing to the greater amount of this substance excreted in the urine, it is more reliable as a test than indigo-carmin, but cannot be regarded as having great diagnostic value.

Nitrogen Determination

The determination of the non-proteid nitrogen of the blood as a test of kidney function was recognized by Bright in 1836. The difficulty of the technic and the inconstancy of the results preclude the general practicability of the method.

The electrical conductivity of the urine was introduced by Turner. The method is complicated, the apparatus extensive and the results inaccurate.

In 1897 Koryani averred the value of cryoscopy, the determination of the freezing point of urine, as an index to renal sufficiency. The freezing point of the urine varies within wide physiologic limits, deficiencies in certain solids, may compensate for large increase in others, and it is largely influenced by diet and water; so this test is not of great value to the general practitioner.

Potassium iodide was one of the first substances used to test renal efficiency, having been introduced by Duckworth in 1867. Following the teachings of Schlayer, it is used to determine tubular functional capacity. Five-tenths of a gram of potassium iodide is given by the mouth and the urine is tested every two hours by Sandaow's method. Excretion should be completed in from thirty to forty-eight hours, and if prolonged beyond sixty hours, tubular disease of the kidneys is supposed to exist. This test has recently been proven unreliable.

The Salt Test

The excretion of sodium chloride in the urine has been studied particularly by Schlayer as a test for tubular efficiency. After the estimation of total chlorides has been made in a patient on an ordinary diet, five grams of sodium chloride are given by mouth. Within twelve hours the amount excreted should equal that administered, otherwise there is delay. The salt test is not thoroughly satisfactory.

The Lactose Test

The lactose test advocated by Schlayer as an index to the vascular function of the kidneys consists of the intravenous injection of a solution of twenty grams of lactose in twenty cc. of distilled water pasteurized at 75 to 80 degrees for four hours on each of three successive days. All of this should be excreted in four or five hours. This test is sensitive and is useful for diagnosis, and but for the time required for the

preparation of the solution, would probably be of broader clinical use.

A Reliable Test

Phenosulphonephthalein was first described by Remsen in 1884 and was introduced as a functional test by Rowntree and Geraghty in 1910. It is a bright red crystalline powder, somewhat soluble in water, more so in alcohol, but insoluble in ether. It is non-toxic and non-irritating, is excreted with rapidity and exclusively by the kidneys. Its color renders it peculiarly fit for colorimetric estimation. It appears in the urine in one hour when given by the mouth, in ten minutes or less when given hypodermically or intramuscularly and in three to five minutes after intravenous administration. Geraghty believes that it is excreted by the renal tubules alone, the glomeruli being little, if at all, concerned. It is capable of demonstrating the reserve force of the kidneys.

The preparation best suited for general use is a solution each cubic centimeter of which contains six milligrams of the drug. The best colorimeter is Rowntree and Geraghty's modification of the Autnrieth-Konigsberger instrument. Twenty to thirty minutes before injecting the solution the patient is given 200 to 400 cc. of water to insure diuresis. This, however, is not essential, as the output of the drug is not influenced by the amount of urine. After the bladder has been completely emptied spontaneously or by aid of a catheter, exactly one cc. of the standard solution is injected into the muscles of the lumbar region. It seems important to select this location since intra-gluteal injections have given subnormal readings. To ascertain the time of appearance of the drug, the urine is allowed to drain through a catheter into a test tube containing a few drops of a five per cent. solution of sodium hydroxide, and the time of the appearance of the first faint pinkish tinge is noted. The urine is collected at the end of one hour after injection, and at the end of two hours, care being taken that the bladder is completely emptied. To ascertain the amount of the drug eliminated, the urine of each period is placed in a litre graduate, ten cc. of a five per cent. solution of sodium hydroxide added. A small portion of this diluted urine is placed in the rectangular cup and the wedge-shaped cell is manipulated by means of a screw until the two sides of the color field are identical in intensity. The percentage is then read from the indicator on the instrument.

Excretion Time Index

The drug should appear in the urine from five to ten min-

utes after injection; from 40 to 60 per cent. should be excreted in the first hour, and from 60 to 85 per cent. in two hours. The influence of diuretics on the output of phenolsulphonephthalein has been studied by Rowntree and Geraghty, who found that those diuretics which are known to exert some stimulating influence on the activity of the secreting cells of the kidney, namely, caffeine, urea, dextrose, phyoridzin and calomel, slightly increase the output, while those acting by changes in osmotic tension or blood pressure, as sodium chloride, potassium nitrate and digitalis, apparently have little or no effect on its excretion.

Clinical Bearings

The conditions in which this test is of value in determining renal efficiency are especially acute nephritis, chronic parenchymatous and chronic interstitial nephritis, uremia, cardiac disease and cardio-renal disease. It gives valuable data in surgical conditions of the kidneys also. In renal calculus, renal tuberculosis, renal tumors and hypertrophied prostate, causing obstruction there is both delayed and diminished excretion. Further experience will doubtless broaden its field of usefulness to the surgeon. Uremia has been predicted before the appearance of suspicious symptoms.

Like all other clinical tests, this one is not absolutely infallible. Rowntree and Geraghty found five mild cases of chronic parenchymatous nephritis of short duration in which the phenolsulphonephthalein elimination was normal. Foster also reports three such cases, and Pepper and Austin, Cabot, Keys and others have noted shortcomings. Practically all clinicians, however, who have had much experience with the test are loud in their praise of its reliability, and it may be conservatively regarded as the most efficient of all functional tests hitherto devised.

Conclusions

1. The P. S. T. test is simpler than other functional tests. It is no more complicated than an ordinary urinalysis, and requires but a short time for its application. The drug is non-irritating and non-toxic.

2. The total amount of work of both kidneys is accurately shown by delay and diminution of excretion.

3. The relative efficiency of each kidney is determined by analysis of the segregated urines.

4. The test is of great importance in cardio-renal disease by indicating the organ mostly at fault.

5. Valuable prognostic data may be gathered by the application of this test.

6. Absolute reliance should not be placed upon any functional renal test, but the results should be correlated with clinical findings.—The Medical Council.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Chicago June 17, 1919. Finley Ellingwood, M. D., Chicago, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Glendale, Cal., May 22, 23 and 24, 1919. H. V. Brown, M. D., Los Angeles, Cal., President; H. T. Cox, M. D., Los Angeles, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. J. A. Munk, M. D., Los Angeles, Cal., President; C. Ohnemüller, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1919. Dr. Clinton Roath, Los Angeles, President! Dr. H. C. Smith, Glendale, Secretary.

LOS ANGELES ECLECTIC MEDICAL SOCIETY

The March meeting of the Los Angeles Eclectic Medical Society was held on March 3rd at the residence of Dr. J. A. Munk.

Two papers were read. The first entitled Cæsarean Section was presented by Dr. Clinton Roath. He enumerated the class of cases with the indications for this form of surgery and presented interesting accounts of various cases treated in this manner. The paper was discussed by a number of members, who gave their personal experiences.

A paper entitled, Why the Flu, was read by Dr. J. A. Munk with quotations from various humorous articles on the prevention of this disease. Both papers will appear in the Journal.

The next meeting of the Society will be held at the office of Dr. Clinton Roath, Consolidated Realty Bldg., on Monday, April 7, 1919.

CATHERINE E. OHNEMULLER,
Secretary.

THE STATE SOCIETY MEETING

The time for the annual meeting of the California State Eclectic Medical Society is drawing near. This will be the 46th annual meeting, and will be held at Glendale, California, May 22, 23 and 24, 1919. Glendale is an enterprising residence

town a short distance northwest of Los Angeles, and connected with the latter city by an excellent electric interurban system and several good boulevards and by either method of travel it only requires some twenty minutes to traverse the distance. Several Eclectics doing excellent work are located in and around Glendale and the Society is glad to honor their town with the coming annual meeting.

Our president, Dr. H. V. Brown, resides in this beautiful little town and has just recently returned from service in the Medical Corps, full of "pep" and "fighting mad" for a rousing meeting of the old war horses who hold up the banner of Eclecticism in the State. Many others also have been in the service of our country and are now returning, and others who have not been in the military service have been doing double service at home. After these last few months of strenuous work, we all ought to, and can improve ourselves by getting together and reviewing our experiences while we have a little change of environment.

Last year our president, Dr. H. C. Smith, gave us an able address reviewing the History of Eclecticism and giving a detailed synopsis of the history of the state society up to the present time. This was very interesting and listened to attentively by all present. He urged us all to more diligent efforts to maintain an active interest in all our societies, and pointed out that the records show that there are always a selected few who have borne the burdens of running the society. These were not always the same ones, but when certain ones became indifferent to their duties, some other few came to the front and shouldered the work while others remained inactive. Now this has kept the Society alive, but not as strong as it ought to be for the good of all who belong. Eclectics should take their lesson from the war. Germany would never have been whipped if we had depended upon a few to do the work, but by everyone doing "his bit" which might be ever so small, the sum total was so tremendous that they saw their finish coming. Now don't think you can do nothing. When asked to write a paper write something. Don't wait to be asked, it is your society, so think what you ought to do. Pay your dues! Attend the meeting! Write papers! Make it personal, don't leave it to the other fellow. You say you don't know anything interesting or new to write about; just write what you have been doing, probably some other fellow has not been doing that, and it is news to him. Over the top, and to Glendale in May!

Yours fraternally,

HERBERT T. COX, Secretary.

**CHICAGO MEETING OF THE NATIONAL ECLECTIC
MEDICAL ASSOCIATION**

Finley Ellingwood, in Ellingwood's Therapist.

Those of our readers who have helped develop our method of practice will have joy in their hearts to know that enthusiasm of the old-fashioned kind, sincere and spontaneous, is developing rapidly in favor of a reunion this year of our entire forces, which we hope will take the form of a course of clinical lectures of the highest possible grade, and by our very best lecturers on the underlying principles of our practice and on the development of our very best remedies.

On the evening of February 8th I called together the interested men in Cook county and we had a fine meeting. The committees have been appointed and a list of them will appear elsewhere in the journal. At this meeting it was decided that the main work of the entire session should be devoted to the consideration of those parts of the medical curriculum in which our school is peculiar from other schools. Owing to the fact that there is now a great deal of dissatisfaction and doubt in the profession at large as to drug action, since the terrible mortality of the "flu" that without boasting or ostentation, we shall make the entire attractiveness of the session, to develop from our Practice of Medicine and Specific Drug Application. This will permit departments of Surgery, Gynecology, Ear and Eye, etc., for those who prefer to write on these topics. We are to endeavor to make our own methods so conspicuous for their successes in certain diseases as to show without boast their unquestioned superiority. I will illustrate this as follows:

Professor N. A. Graves, who is at the head of the tuberculosis work in Cook county, who has the clinics, the main hospitals and the entire large number of dispensaries for the treatment of this disease under his charge, will plan a clinic for one-half day for the society and for other times for those who shall be present, who desire to pay special attention to the fact that the methods used in Cook county are in line with our own methods for the treatment of this disease probably more than in any other large city.

Professor W. L. Schussler, in charge of a south side hospital, will plan for at least three other clinics. All of these clinics are to demonstrate fully and clearly the Specific Eclectic methods. We shall make a very unusual effort to attract visitors to these clinics from other schools, and other physi-

cians, in order that they shall carry away a good impression of our methods on direct drug application.

Owing to the awful mortality this past winter in Chicago from influenza and consequent pneumonia, those two topics will be made prominent. Professor W. J. Pollock will develop a Symposium on the Treatment of Pneumonia as successful in at least 90 per cent of the cases. If we prove it to be more, this fact by its own merit, will be made to stand out conspicuously.

There should be at least three more symposiums. The first will be on influenza. The others will consider equally prominent single topics. These will be under the charge of the best men in the United States that can be selected for that purpose among our men.

In addition to these medical clinics from the actual practice and every day experiences of our very best observers in these lines, Professor R. J. Lambert will select and arrange and assign with my assistance three or four symposiums concerning definite, unusual, but positively reliable action of drug or drugs, as seems best in the consideration of the total disease.

In the correspondence instituted by the Committee on Propaganda and Organization I desire that the committee write to those of our men throughout the country who are known to have been very successful in treatment and who are willing to contribute and ask them not only to prepare papers on some one topic, but to prepare themselves for extemporaneous discussion on these subjects before the clinics or at such time that these subjects shall be presented for discussion.

Dr. Lambert, at the head of the Materia Medica Department, with Professor Rolla L. Thomas at the head of the Practice of Medicine Department, will not only arrange all the other matter in their departments, in a very attractive and profitable manner, but they will also endeavor to interest the individual contributors to the program, so that there shall be a happy combination between the attractiveness of the clinics and the symposiums and the vitally important general work, which will be in charge in the other departments of the members named in the list of section officers herewith.

Chicago offers so much attractiveness to strangers that there will be no special effort made at entertainment, unless it be made by the various Alumni Associations. The Department of Exhibits is in the hands of Dr. Woodward and others, and this will be made a profitable source of income, to contribute to the reception of those who have no personal interest in the program. It is hoped that the various colleges or their repre-

sentatives will take up the plan at once of developing a plan for the care of their students, regardless of their year of graduation and will push this to the utmost. In order that the younger doctors shall be impressed to continue with our school, rather than to look for a place in a school of medicine that has met with terrible failure this year outside of their surgery.

NEWS ITEMS

Dr. S. M. Atkins has been released from service with the Medical Reserve Corps and has located in Hollywood, California.

Dr. H. R. Evans, Atolia, California, is with a Base Hospital, in France, but is expected to return soon.

Dr. C. H. Upton, formerly located in La Grande, Oregon, but who has been in the government service in Alaska for more than a year, spent the winter in Los Angeles with his family, but returned to Alaska last month.

Married: Dr. Ruth F. Wirick of Pasadena and Dr. Fred M. Bantum of Cincinnati, were married February 11, 1919, at the home of Dr. Clinton Roath, 4501 South Figueroa street, Los Angeles. Dr. Wirick has been located at 6 Cummings Bldg., Pasadena, and Dr. Bantum has recently finished his internship in the Deaconess Hospital of Cincinnati. We hope they will decide to remain in California.

Geo. H. Turner, husband of Dr. Hanna Scott-Turner of Pomona has returned to his home after undergoing an extensive operation at The Westlake Hospital.

Dr. H. V. Crook, Big Pine, was in the city last month, bringing a patient to The Westlake Hospital.

Dr. I. Woodin, Independence, was in the city for a few days last month having some dental work done.

Dr. H. V. Brown has changed his address from the Hollingsworth Building to the Baker-Detwiler Building, Los Angeles.

Dr. C. E. Turner, Bishop, was in the city last month and called on patients of his who were convalescing at the Westlake Hospital.

"A fly and a flea had the Flu,
And they wondered what they had better do.
Said the fly, "Let us flee!"
Said the flea, "Let us fly!"
So they both flew through the flaw in the Flu."

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Regardless of financial drains for the government or for charity, it has been "pretty soft for us" and if the government chooses to start its last Liberty Loan drive on the second anniversary of our entry into the war or before, you can bet your last dollar that the fellows who are wisely shaking their heads and saying "It's going to be a hard job" will buckle in and have a part in the glory of showing our fighters that the folks at home are "bears" at big jobs themselves.

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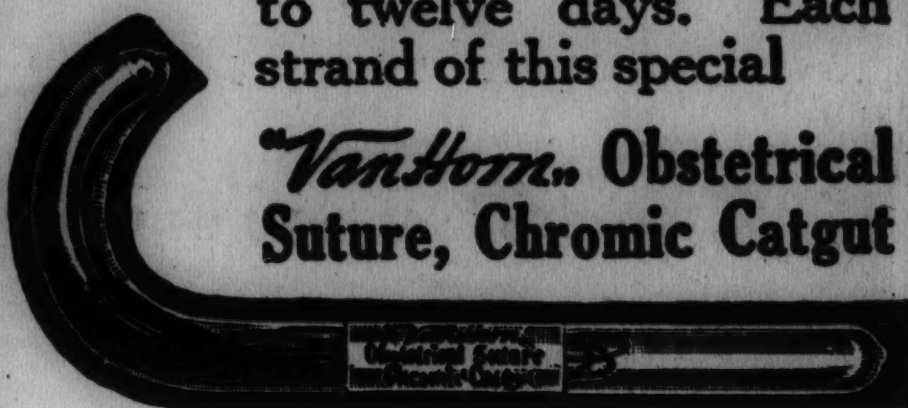
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And a third—the writer.

* * *

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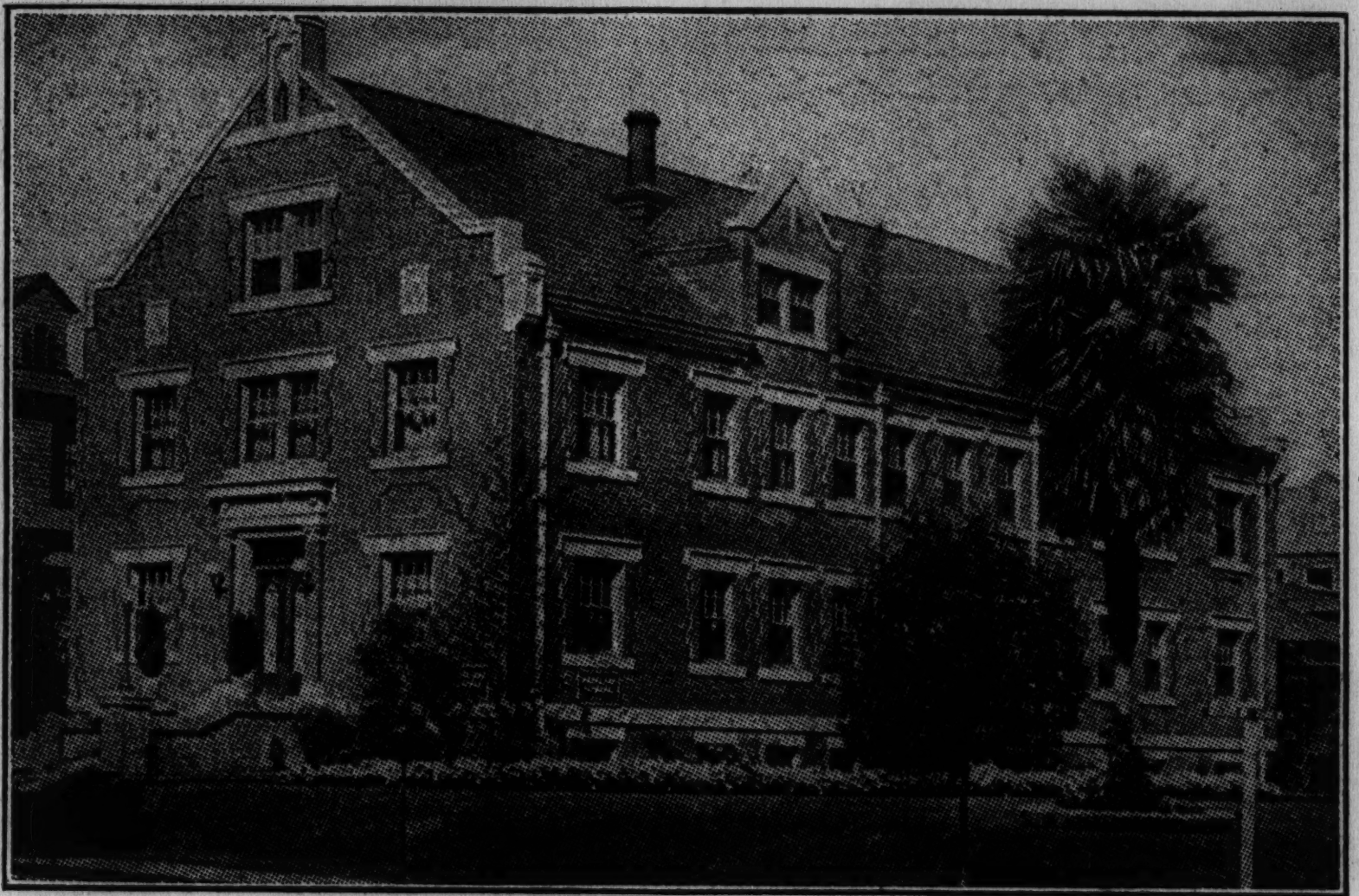
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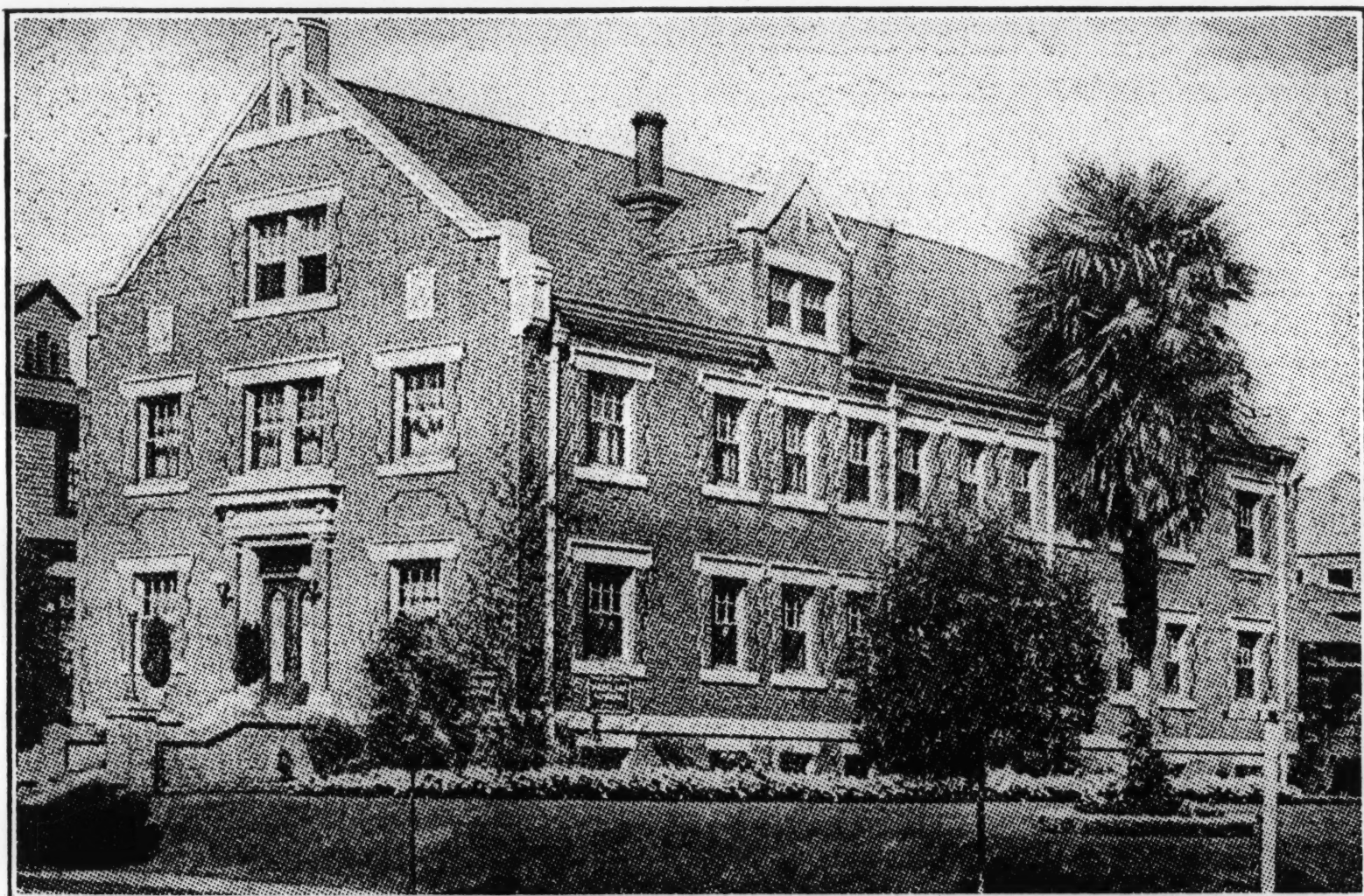
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